M14000000878

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(5N
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300256032983

02/04/14--01003--015 **125.00

THEB-4 PHIZ: 11
SECRELARISEE FLORID

FEB - 7 2014

T. BROWN

COVER LETTER

SUBJECT:		and Service, L	
			ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida
Please return all correspo	ondence concerning this ma	atter to the following:	
Bra	ndt Cashion	l	
		Name of Person	
S4	Water Sales	and Service,	LLC
		Firm/Company	
290	Cal Batsel	Road, Suite J	
		Address	
Boy	wling Green,	KY 42104	
		City/State and Zip Code	
s4w	/ater@twc.co	om	
	E-mail address	to be used for future annual rep	port notification)
For further information c	oncerning this matter, plea	se call:	
Paul Ca	ashion	_{at (} 864	279-2179
	Name of Contact Person	Area Code	Daytime Telephone Number
MAILING AD Division of Corp Registration Sec P.O. Box 6327 Tallahassee, FL	porations tion	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	cle
Enclosed is a check f ■ \$125.00 Filir	Fee □ \$130.00 Filing Certificate of	ig Fee & 💢 \$155.00 Filing	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. S4 Water Sales and Service, LLC (Name of Foreign Limited Liability Company; must	t include "Limited Liabil	ity Company." "L.L.C"	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose	e of transacting business	in Florida. The alternate	name must include "Limited
Liability Company," "L.L.C," or "LLC,")	27 210	4000	
2. Kentucky (Jurisdiction under the law of which foreign limited liability	_{3.} <u>27-319</u>	(FEI number, if appli	icable)
company is organized)			
4 (Data first true actual busine	a. in Elarida if rejactor	eagistration A	
(Date first transacted busine (See sections 605,0904 & 605. 5. 290 Cal Batsul Bd. S	38 m r kirkda, ir pirkt kort. 1.0905. F.S. to determine p	penalty liability)	4 FEB
Bowling Green, KY	4204))	SSE TO
6	<u></u>		FLORIE FLORIE
(!	Mailing Address)		
7. The name, title or capacity and address of the	person(s) who has	/have authority to r	manage is/are:
Brandt Cashion/President 290 Cal Ba	etsel Rd., Ste.	J Bowlina Gre	en. KY 42104
Paul Cashion/Project Manager 290 Cal			· · · · · · · · · · · · · · · · · · ·
			, y Plana e Plana e Plana
8. Attached is an original certificate of existence, having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign language must be submitted)	er the law of which	it is organized. (A	photocopy is not
Signature that any talse information submitted in a document to the Depa		under the penalties of perju	
Brandt Cashion			

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: S4 Water Sales and Service, LLC					
f unavailable, the alternate to be used in the state of Florida is:					
2. The name and the Florida street address of the registered agent and office are:					
REGISTERED AGENTS INC.					
(Name)					
3030 N. Rocky Point Dr., STE 150A					
Florida Street Address (P.O. Box NOT ACCEPTABLE)					
Tampa 33607					
City/State/Zip					
Having been named as registered agent and to accept serfice of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Florida Statutes.					

(Signature)

S I	00.00	Filing Fee for Application
\$	25.00	Designation of Registered Agent
\$	30.00	Certified Copy (optional)
S	5.00	Certificate of Status (optional)

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-41718 (502) 584-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 146800

Visit https://npo.sos.ky.gov/fi-https/convolidate.osp. to subonficute this centicate.

I. Alison Lundergan Grimes, Societary of State of the Commonwealth of Kentucky, do hereby carrify that according for the records in the Office of the Secretary of State,

S4 WATER SALES AND SERVICE, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 225, whose claus of organization is Alaguet 3, 2010 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filled; and that thornost recent annual report required by KRS [AA.6-010 has beginded vered to the Secretary of State.

IN WITNESS WHELEOF, I have hereunto seemy hand and affixed my Official Scal at Frankfort, Kentucky, this 10th day of languary 2014, in the 272nd year of the Commonwealth.



Allson Lundergan Granes

Secretary of State

Community and of Kennicky

146906/0766452